

Michigan Department of Labor & Economic Growth
Workers' Compensation Agency/Board of Magistrates
P.O. Box 30016, Lansing, MI 48909

_____ Day of _____ 20_____

Plaintiff

Date of Injury

Authority: Workers' Disability Compensation Act 418.222; 418.223; 418.847; R408.33(2)(b). Completion of this form is voluntary. Penalty: None